Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1828

		CLAIMS AS		FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY			OTHER THAN R SMALL ENTITY	
Τí	OTAL CLAIMS		B	-		•	RAT	<u>-</u>	FEE	OR 7	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	
TC	OTAL CHARGEA	ABLE CLAIMS	8 mir	& minus 20=		<i>-</i> Ø)=		OR	XS18=	
INDEPENDENT CLAIMS			/ m	/ minus 3 =		* /4		=		OR	X86=	
Μt	JĹTIPLE DEPEN	NDENT CLAIM PI	RESENT	RESENT				_		OR		
* If	the difference	e in column 1 is	less than ze	ero, enter	."0" in c	column 2	TOTA	(L		OR	TOTAL	750
	С	CLAIMS AS A	MENDE				CMAI			.	OTHER	
_		(Column 1)		(Colum		(Column 3)	SMAL	-L =	NTITY	OR 1 1	SMALL E	
ENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	XS 9=			OR	X\$18=	
AME	Independent	*	Minus	. ***		<u> </u>	X43=			OR	X86=	
L	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENI	CLAIM		+145=	_		OR	+290=	
							TOT	AL			TOTAL	
		(Column 1)		(Colum	nn 9)	(Column 3)	ADDIT. FI	EE L		J,	ADDIT. FEE	
		CLAIMS		HIĞHE	EST			丁	ADDI-			ADDI-
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	DUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .	X\$ 9=			OR	X\$18=	
AME	Independent	* ************************************	Minus	***		=	X43=	T		OR	X86=	
	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDEN	CLAIM		+145=	1		OR	+290=	
							TOTA ADDIT. FE	AL	· -	C. L	TOTAL ADDIT. FEE	•
		(Column 1)		(Colum		(Column 3)	AUDII. I L	: t -		-	ADDII. FEEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**		=	X\$ 9=			OR	X\$18=	
AME	Independent	<u> </u>	Minus	***		=	X43=	T		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		+145=	+		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL	
***	If the "Highest Nun	mber Previously Pai mber Previously Pai nber Previously Paid	aid For" IN THIS	S SPACE is	less than	n 3, enter "3."	ADDIT. FE	E L			ADDIT. FEE L	